

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS
SHERMAN DIVISION**

IN RE: RYAN COLE and SARAH COLE,

Debtor,

**LIONSCOVE FUND I, LLC f/k/a DML
CAPITAL MORRGAGE FUND, LLC**

Plaintiff,

v.

RYAN COLE AND SARAH COLE

Defendant.

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CASE NO. 24-404647

CHAPTER 7

RETURN OF SERVICE

**Came to hand on Thursday, July 11, 2024 at 4:10 PM,
Executed on Thursday, July 11, 2024 at 6:00 PM by delivering to the within named:**

SARAH COLE

**By mailing to 6624 Eastview, Sachse, TX 75048 by both Certified Mail Return Receipt Requested,
tracking number 9589 0710 5270 0675 1553 54 and by regular first class mail a true copy of this**

**SUMMONS IN AN ADVERSARY PROCEEDING and ORIGINAL COMPLAINT EXCEPTING
TO DISCHARGE OF DEBTORS PURSUANT TO 11 U.S.C. § 523 with EXHIBITS A-D and
ADVERSARY PROCEEDING COVER SHEET**

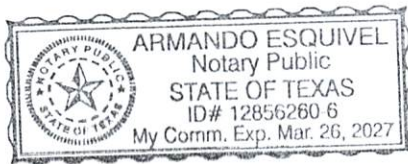
A copy of the envelopes that were mailed are attached as proof of mailing.

**BEFORE ME, the undersigned authority, on this day personally appeared Charity N. Coleman who after being
duly sworn on oath states: "My name is Charity N. Coleman. I am a person not less than eighteen (18) years of age
and I am competent to make this oath. I am a resident of the State of Texas. I have personal knowledge of the facts
and statements contained herein and aver that each is true and correct. I am not a party to nor related or affiliated
with any party to this suit. I have no interest in the outcome of the suit.**

I have never been convicted of a felony or of a misdemeanor involving moral turpitude. I am familiar with the Texas Rules of Civil Procedure, and the Texas Civil Practice and Remedies Codes as they apply to service of process. I am certified by the Judicial Branch Certification Commission to deliver citations and other notices from any District, County and Justice Courts in and for the State of Texas in compliance with rule 103 and 501.2 of the TRCP."

By: Charity N. Coleman
Charity N. Coleman - PSC 2761 - Exp 06/30/25
served@specialdelivery.com

Subscribed and Sworn to by Charity N. Coleman, Before Me, the undersigned authority, on this 12th day of July, 2024.



[Signature]
Notary Public in and for the State of Texas

BU FREEWAY
AS TX, 75240



9589 0710 5270 0675 1553 54



quadrant
FIRST-CLASS MAIL
IM1
\$012.08
07/11/2024 ZIP 75240
043M31220598

US POSTAGE

SARAH COLE
C/O

6624 EASTVIEW
SACHSE

TX 75048

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3.
- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SARAH COLE
C/O

6624 EASTVIEW
SACHSE TX 75048



9590 9402 8440 3156 8758 96

2. Article Number (Transfer from service label)

9589 0710 5270 0675 1553 54

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

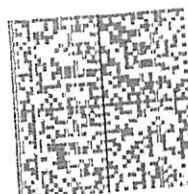
1930371

Domestic Return Receipt

LBJ FREEWAY
AS TX, 75240

SARAH COLE
C/O
6624 EASTVIEW
SACHSE

TX 75048



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US POSTAGE

United States Bankruptcy Court

Eastern District Of Texas

In re <u>Ryan and Sarah Cole</u> ,)	Case No. <u>24-404647</u>
Debtor)	
Lionscove Fund I, LLC f/k/a)	Chapter <u>7</u>
DML Capital Mortgage Fund)	
LLC)	
Plaintiff)	
v.)	Adv. Proc. No. _____
<u>Ryan Cole and Sarah Cole</u>)	
Defendant)	

SUMMONS IN AN ADVERSARY PROCEEDING

TO: Sarah Cole
6624 Eastview
Sachse, Texas 75048

YOU ARE SUMMONED and required to file a motion or answer to the complaint which is attached to this summons with the clerk of the bankruptcy court within 30 days after the date of issuance of this summons, except that the United States and its offices and agencies shall file a motion or answer to the complaint within 35 days.

Address of the clerk: 660 North Central Expressway, Suite 300B
Plano, Texas 75074

At the same time, you must also serve a copy of the motion or answer upon the plaintiff's attorney.

Name and Address of Plaintiff's Attorney:

Mark D. Cronenwett
Vivian N. Lopez
Lewis Brisbois Bisgaard and Smith
2100 Ross Avenue, Suite 2000
Dallas, Texas 75201



/s/ Jason McDonald

Date: 07/05/2024

If you make a motion, your time to answer is governed by Fed. R. Bankr. P. 7012.

IF YOU FAIL TO RESPOND TO THIS SUMMONS, YOUR FAILURE WILL BE DEEMED TO BE YOUR CONSENT TO ENTRY OF A JUDGMENT BY THE BANKRUPTCY COURT AND JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.

(Clerk of the Bankruptcy Court)

Date: _____

By: _____(Deputy Clerk)

CERTIFICATE OF SERVICE

I, _____ (name), certify that service of this summons and a copy of the complaint was made _____ (date) by:

- ☐ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
- ☐ Personal Service: By leaving the process with the defendant or with an officer or agent of defendant at:
- ☐ Residence Service: By leaving the process with the following adult at:
- ☐ Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:
- ☐ Publication: The defendant was served as follows: [Describe briefly]
- ☐ State Law: The defendant was served pursuant to the laws of the State of _____, as follows: [Describe briefly]

If service was made by personal service, by residence service, or pursuant to state law, I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date _____ Signature _____

Print Name: _____

Business Address: _____

**RETURN / AFFIDAVIT
PROOF / ATTACHED**